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PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE work Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| Effective on 12/08/2004. | | | | Complete if Known | | | | | | |
|--|---------------|--------------------------|----------------------------------|--------------------------------------|-------------|---------------------------|--------------|--------------|--|--|
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | - T | | 10/051,229 | | | | |
| FEE TRANSMITTAL | | | | | | January 22, 2002 | | | | |
| For FY 2005 | | | | First Named Inventor Terry M | | Terry M. TURP | ry M. TURPIN | | | |
| FOI F 1 2005 | | | | Examiner Name A. Bello | | A. Bello | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | Art Unit 2633 | | 2633 | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1,020.00 | | | Attorney Docket No. 509622000700 | |) | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | | | | |
| x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP | | | | | | | | | | |
| For the above-ide | ntified depos | it account, the Di | rector is | hereby authorize | ed to: (che | ck all that apply) | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | | | |
| Charge any additional fee(s) or underpayment of x Credit any overpayments | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | |
| 1. BASIC FILING, SEARC | H, AND EX | AMINATION FEE | s | | | | | | | |
| | FIL | NG FEES | SE | ARCH FEES | EXAMII | NATION FEES | | | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$ | Small Entity) Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees F | Paid (\$) | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | Small Entity | | |
| Fee (\$) Fee (\$) | | | | | | | | | | |
| Each claim over 20 (inclu | • | • | | | | | 50 | 25 | | |
| Each independent claim over 3 (including Reissues) | | | | | | | 200 | 100 | | |
| Multiple dependent claim | S | | | | | | 360 | 180 | | |
| Total Claims Extra | a Claims | Fee (\$) | Fee | Paid (\$) | _ | lultiple Dependent Claims | | | | |
| | × | = _ | | | E | <u>ee (\$)</u> <u>F</u> | ee Paid (\$ | D) | | |
| Indep. Claims Extr | a Claims | Fee (\$) | Fee | Paid (\$) | | | | _ | | |
| indep. Cianns Extr | x | = | 100 | αια (ψ) | | | | | | |
| 3. APPLICATION SIZE FI | EE | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 | | | | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | | |
| | Extra Sheets | | t each a | | | | <u>ree</u> | Palu (\$) | | |
| - 100 = /50 (round up to a whole number) x | | | | | | | | Paid (\$) | | |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) | | | | | | | | | | |
| Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00 | | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | | |
| Signature Q | ع مر د | while | <u> </u> | Registration No. (Attorney/Agent) | 31,942 | Telephone | (703) 76 | 60-7744 | | |
| Name (Print/Type) Alex Ch | artove | | | T. Grand M. Barry | | Date | June 20 | 0, 2005 | | |
| | | | | | | | | | | |

PTO/SB/22 (12-04)
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| | ENSION OF TIME UNDER 3 FY 2005 Consolidated Appropriations Act, | Docket Number (Optional) 509622000700 | | | | | | |
|--|---|--|----------------------------------|----------------------------|--|--|--|--|
| Application Number | 10/051,229 | | Filed January 22, 2002 | | | | | |
| For OPTICAL CDN | MA COMMUNICATIONS SYST | EM USING OTDC | DEVICE | | | | | |
| Art Unit 2633 | | | Examiner | A. Bello | | | | |
| identified application. | er the provisions of 37 CFR 1.1 | | | | | | | |
| The requested extent | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Fee | Small Entity Fee | • | | | | |
| One mon | th (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ | | | | |
| Two mon | Two months (37 CFR 1.17(a)(2)) | | \$225 | \$ | | | | |
| | onths (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ 1,020.00 | | | | |
| | nths (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | | | | |
| | ths (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | | | | |
| A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this application to a Deposit Account. X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 Have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. | | | | | | | | |
| I am the | applicant/inventor. | odbiiliooloii iii | auphoate. | | | | | |
| | CFR 3.71. I. (Form PTO/SB/96). er | | | | | | | |
| attorney or agent of record. Registration Number x attorney or agent under 37 CFR 1.34. | | | | | | | | |
| | Registration number if acting u | nder 37 CFR 1.34 | 31,942 | <u> </u> | | | | |
| Celex Cliture | | | June 20, 2005 Date | | | | | |
| | Signature | | | | | | | |
| | Alex Chartove Typed or printed name | (703) 760-7744 Telephone Number | | | | | | |
| NOTE: Signatures of all than one signature is req | the inventors or assignees of record of the uired, see below. | entire interest or their repr | resentative(s) are required. Sub | mit multiple forms if more | | | | |
| Total of _ | 1 forms are submi | itted. | | | | | | |

06/22/2005 MBEYENE1 00000121 031952 10051229

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